

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification				Owner/Operator					
	Name _____ MI SARA ID _____				Name _____ Phone _____					
	Street _____				Street _____					
	City _____ County _____ Zip _____				City _____ State _____ Zip _____					
	LEPC _____ Fire Department _____				Country _____					
	SIC Code _____ Facility Phone _____				Emergency Contact (1 contact required)					
	Mailing Address				Name _____ Title _____					
	Name 1 _____				Phone _____ 24Hr.Phone _____					
Name 2 _____				Name _____ Title _____						
Street 1 _____				Phone _____ 24Hr.Phone _____						
Street 2 _____				Name _____ Title _____						
City _____ State _____ Zip _____ Country _____				Phone _____ 24Hr.Phone _____						
<i>Important: Read all instructions before completing form</i> Reporting period from January 1 to December 31, 20____										
Chemical Description		Physical and Health Hazards (check all that apply)		Inventory		Container Type	Pressure	Temp	Storage Codes and Locations (Non-Confidential) Chemical Locations	
CAS _____ Trade Secret [<input type="checkbox"/>]		[<input type="checkbox"/>] Fire		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div></div> <div>Max Daily Amount in pounds</div> </div> <div style="display: flex; justify-content: space-between;"> <div></div> <div>Max Amount Code</div> </div> </div>						
Chem. Name _____		[<input type="checkbox"/>] Sudden Release of Pressure		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div></div> <div>Avg. Daily Amount in pounds</div> </div> <div style="display: flex; justify-content: space-between;"> <div></div> <div>Ave Amount Code</div> </div> </div>						
Check all that apply [<input type="checkbox"/>] Pure [<input type="checkbox"/>]* Mix [<input type="checkbox"/>] Solid [<input type="checkbox"/>] Liquid [<input type="checkbox"/>] Gas [<input type="checkbox"/>] EHS		[<input type="checkbox"/>] Reactivity								
EHS Name _____		[<input type="checkbox"/>] Immediate (Acute)								
		[<input type="checkbox"/>] Delayed (Chronic)		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div></div> <div>Days On site</div> </div> </div>						
*Significant Mixture Components										
CAS: _____		Chem. Name: _____			_____ %		EHS [<input type="checkbox"/>]			
CAS: _____		Chem. Name: _____			_____ %		EHS [<input type="checkbox"/>]			
CAS: _____		Chem. Name: _____			_____ %		EHS [<input type="checkbox"/>]			
Certification <i>(Read and sign after completing all sections)</i> I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages [1] through [____], and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. Owner/Operator OR owner/operator's authorized representative:									Optional Attachments <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <input type="checkbox"/> Site plan </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <input type="checkbox"/> List of site coordinate abbreviations </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Description of dikes and other safeguard measures </div>	
_____ Print Name		_____ Print Title		_____ Signature		_____ Date signed				